

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035057

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4964

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>75 Years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Trinity-Lutheran Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>4005 WARWICK Blvd.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARION RUTH WILSON</u>		4. DATE OF DEATH Month Day Year <u>Sept 25, 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/18/84</u>
9. AGE (last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	
11. BIRTHPLACE (City and state or country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Calab Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Van Name</u>	
14. NAME OF HUSBAND OR WIFE <u>Dr. Walter Wilson, Sr.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Mrs. Walter Wilson, Jr., Kansas City</u>		17. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion & myocardial infarction</u> DUE TO (b) <u>coronary insufficiency & angina</u> DUE TO (c) <u>arterio-sclerotic cardio vascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug. 15 - 62</u> , to <u>Sept 25 - 62</u> and last saw her alive on <u>Sept 25 - 62</u> Death occurred at <u>9:00 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>R. Paul Wright M.D.</u>	
22b. ADDRESS <u>1324 E. 6th St. Kansas City, Mo.</u>		22c. DATE SIGNED <u>Sept 26 - 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 28, '62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City Missouri</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-28-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Paul Wright

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

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(Licensed Embalmer's Statement on Reverse Side)

Dr. W. Paul Wright
1324 Bradford Blvd.
1230-5000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas W. Pearson

Licensed Embalmer No. 4829
P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.